

Form CPF M 102: Campaign Finance Report **Municipal Form**

Office of Campaign and Political Finance

CITY CLERK OFFICE

of Massachusetts	File with: City of Town Clerk or Election Connaission					
Fill in Reporting Period dates: Beginning Date: Octo	ober 16, 2021 Ending Date: December 31, 2021 MA					
Type of Report: (Check one)						
8th day preceding preliminary 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution					
January County II						
Joanne Campbell Candidate Full Name (if applicable)	Campbell for Woburn Committee Name					
Alderman/City Councilor Ward One	Marianne Girouard					
Office Sought and District	Name of Committee Treasurer					
45 Arlington Road, Woburn, Massachusetts 01801	45 Arlington Road, Woburn, Massachusetts 01801					
Residential Address E-mail:	Committee Mailing Address E-mail:					
Phone # (optional):	Phone # (optional):					
There is (opinional).	Thole # (optional).					
SUMMARY BALANC	CE INFORMATION:					
Line 1: Ending Balance from previous report	\$1,484.25					
Line 2: Total receipts this period (page 3, line 11) \$750.00					
Line 3: Subtotal (line 1 plus line 2)	\$2,234.25					
Line 4: Total expenditures this period (page 5, lin						
Line 5: Ending Balance (line 3 minus line 4)	,					
	\$191.64					
Line 6: Total in-kind contributions this period (page 1)						
Line 7: Total (all) outstanding liabilities (page 7)	\$2,724.89					
Line 8: Name of bank(s) used: Northern Bank and	Line 8: Name of bank(s) used: Northern Bank and Trust Company					
Affidavit of Committee Treasurer:						
I certify that I have examined this report including attached schedules and it is, to the bes activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority or on behalf of this committee in	contributions and liabilities for this reporting period and represents the campaign					
Signed under the penalties of perjury: Manane Humane	(Treasurer's signature) Date: 1/19/22					
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	ox only)					
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in actincurred any liabilities nor made any expenditures on my behalf during this reporting	e best of my knowledge and belief, a true and complete statement of all campaign finance coordance with the requirements of M.G.L. c. 55. I have not received any contributions, g period that are not otherwise disclosed in this report.					
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the	s, in-kind contributions and liabilities for this reporting period and represents the is candidate in accordance with the requirements of M.G.L. c. 55.					
Signed under the penalties of perjury: Framme Cambu	(Candidate's signature) Date: 1/19/22					

(Candidate's signature)

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

	Name and Residential Address		Occupation & Employer		
Date Received (alphabetical listing required)		Amount	(for contributions of \$200 or more)		
12/07/2021	Joanne Campbell 45 Arlington Road, Woburn, MA 01801	\$300.00	Music Director, St. Charles Church (candidate loan)		
10/08/2021	Rita Campbell 18 Innitou Road, Woburn, MA 01801	\$100.00			
10/22/2021	John Dzwiniaarski 82 Arlington Road, Woburn, MA 01801	\$300.00	Retired		
Line 9: Total Receipts over \$50 (or listed above)		\$700.00			
Line 10: Total Receipts \$50 and under* (not listed above)		\$50.00			
	ECEIPTS IN THE PERIOD		← Enter on page 1, line 2		

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Receip	ots over \$50 (or listed above)		
Line 10: Total Recei	pts \$50 and under* (not listed above)		
Line 11: TOTAL R	ECEIPTS IN THE PERIOD		← Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

eport all expenditures. Please include your committee name and a page number on each page.) To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
10/18/2021	U.S. Postal Service	2 Abbott Street Woburn, MA 01801	Postage	\$120.00
10/24/2021	Staples	335 Washington Street Woburn, MA 01801	Cardstock	\$80.71
10/26/2021	U.S. Postal Service	2 Abbott Street Woburn, MA 01801	Postage	\$870.00
11/23/2021	Daily Times Chronicle	One Arrow Drive Woburn, MA 01801	Advertising	\$936.90
		Line 12: Total Expenditures ov	er \$50 (or listed above)	\$2,007.61
		Line 13: Total Expenditures \$50	and under* (not listed above)	\$35.00
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	\$2,042.61

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE B: EXPENDITURES (continued)

,	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
1				
			1	
		Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and t	inder* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	
If you have itemi	izad avmandituras of \$50 and and a	in also do those in line 12. I in a 12 al	ould include only those expenditures	

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	Evore Whom Dood of	D. C. L. C. L. A. L.	B 111 66 111 1	
Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
10/27/2021	Joanne Campbell	45 Arlington Road Woburn, MA 01801	Ink, labels (candidate loan)	\$234.79
10/27/2021	Joanne Campbell	45 Arlington Road Woburn, MA 01801	Card stock (candidate loan)	\$40.35
		Line 15: In-Kind Contribution	s over \$50 (or listed above)	\$275.14
		Line 16: In-Kind Contributions	s \$50 & under (not listed above)	\$0
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND C	CONTRIBUTIONS	\$275.14

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
Various dates	Joanne Campbell	45 Arlington Road Woburn, MA 01801	Prior candidate loans	\$2,149.75
10/27/2021	Joanne Campbell	45 Arlington Road Woburn, MA 01801	Ink, labels (candidate loan)	\$234.79
10/27/2021	Joanne Campbell	45 Arlington Road Woburn, MA 01801	Card stock	\$40.35
12/07/2021	Joanne Campbell	45 Arlington Road Woburn, MA 01801	Candidate loan	\$300.00
Į-	Enter on page 1, line 7 →	ne 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)		